Every Woman Matters
NEBRASKA OFFICE OF WOMEN'S HEALTH
1-800-532-2227

EVERY PROVIDER MATTERS

(Every Woman Matters Provider Update)

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Assessment Incomplete and Other Issues in Mammography

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Note: The purpose of the following articles is to start to develop strategies to address the delay in follow-up evaluations of Every Woman Matters' clients who are categorized as "assessment incomplete."

Definition

When a mammogram is designated as "assessment incomplete," it simply means that additional imaging and/or procedures are necessary to further define a finding on mammogram or ultrasound. The radiologist does not have enough information to make a reliable interpretation and final recommendation. For example, there may be an area of concern or change on a mammogram that needs to be further defined with diagnostic mammogram views and/or breast ultrasound. Usually, this "assessment incomplete" occurs after a screening mammogram is read and the radiologist's report should detail what further evaluation would be most useful.

Scheduling of Follow-Up

If there is a positive finding on clinical breast examination (e.g. lump/mass or nipple discharge or nipple/skin retraction, etc. but not pain alone), then the patient should be scheduled for a "diagnostic mammogram" as soon as possible rather than a screening mammogram. In this situation, the completed diagnostic mammogram is ideally evaluated immediately by the diagnostic radiologist who then directs any additional imaging as necessary (e.g. breast ultrasound [refer to breast screening and diagnostic procedures in regards to Every Woman Matters (EWM) reimbursement on p. 3]) which is often performed immediately following the diagnostic mammogram. Occasionally, the breast ultrasound or other further imaging (e.g. galactogram/ductogram or breast MRI) [refer to breast screening and diagnostic procedures in regards to EWM reimbursement on p. 3] will be scheduled for another day.

Assessment Incomplete

- **NOT the same as short-term follow-up**
- **Patient needs *"immediate"* additional imaging as specified by the radiologist (e.g. diagnostic mammogram views, breast ultrasound, etc.) to further evaluate an area of concern or finding.**
- **After the additional imaging is complete, *then* the radiologist will be able to make a final recommendation (e.g. benign with routine screening, or short-term follow-up (usually in 6 months), or biopsy/aspiration).**

If a radiologist is not available on site, then the diagnostic mammogram is reviewed later and the report with an appropriate recommendation is sent to the referring clinician. In this setting, the patient's primary clinician often arranges the follow-up (ultrasound, biopsy, short-term follow-up, routine screening, etc.).

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Assessment Incomplete *(Continued from Page 1)*

Once a patient is placed into the "assessment incomplete" or "diagnostic mammogram" category, she should be scheduled for the additional imaging test(s) as soon as possible (immediate follow-up), i.e. days to a few weeks. Waiting months to get the testing done is not advisable in case the finding should be malignant. The delay gives the cancer more time to grow and spread, and ultimately adversely affects the patient's chance at long-term survival.

Once all the tests are completed, the radiologist is able to formalize a final recommendation such as a biopsy versus short-term follow-up or simply annual routine screening.

Short Term Follow-Up
On occasion, the diagnostic radiologist will recommend short-term interval follow-up of an abnormality. This is **not** the same as an "assessment incomplete" and usually implies re-evaluation in 6 months. In this circumstance, the radiologist is nearly certain the abnormality is benign, but as a conservative measure has decided to re-examine the area in 6 months because of the slight chance that it could be something more ominous. If the follow-up is to be performed at an interval other than 6 months, it should be specified in the radiologist's report. A suspected infectious/inflammatory process or hematoma related to trauma is often re-checked sooner, in a few weeks to a few months.

Comparison Films
Obtaining prior comparison films is extremely important. Fortunately, most facilities are cooperative in sharing their prior mammograms once they have written permission from the patient. This exchange is easily handled in a timely fashion within the same city or region, but delays occur and it becomes more problematic between different states or internationally. Having prior films for comparison may eliminate the need for additional evaluation or even biopsy by confirming that an area of concern is stable over a long period of time. It also allows for easier detection of subtle abnormalities or changes and therefore earlier cancer detection.

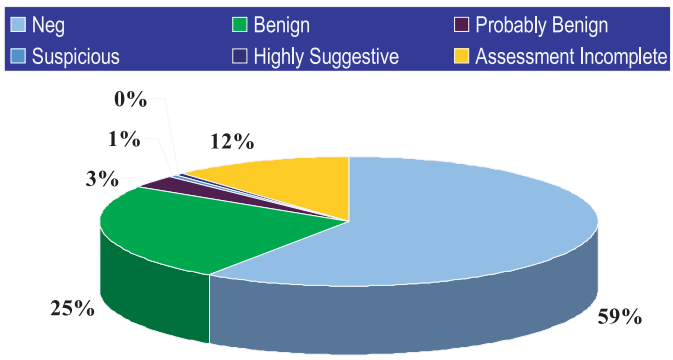
It is more efficient but not absolutely necessary to have the mammogram done at the same site each year. However, it is important that the facility performing the latest mammogram is informed in advance of the locations of prior mammograms so they are available for comparison during the interpretation of the current mammogram and do not delay the results. Different facilities have different criteria regarding an acceptable delay while awaiting prior off-site mammograms. One has to weigh the patient's stress and anxiety versus the premature interpretation of the mammogram (without comparison images), which may lead to unnecessary additional imaging and possible radiation or, rarely, an unnecessary biopsy.

Tracking System
As a general rule, routine screening mammograms are read in batches later the same day or the next business day, whereas diagnostic mammograms are reviewed while the patients are on site. If possible, any additional required imaging such as ultrasound is also performed the same day. At our facility, the women undergoing diagnostic mammograms are given their results or further recommendations before they leave. Also, our facility typically contacts the "assessment incomplete" patients to schedule them for their additional studies and this is specifically stated in the radiologist's dictation. This is beneficial to the patients as they are more quickly notified and scheduled.

Alternatively, once the patient's mammogram report and recommendation is received by her clinician's office, the clinician's office would contact her and schedule the necessary exam(s). Ideally, each facility should have a tracking system to ensure that every patient with an abnormality is promptly notified and further imaging or procedures are arranged in a timely fashion. With a system in place, there is little chance a recognized cancer would be neglected.

[See "A Family Physician's Viewpoint on Mammography Results of Assessment Incomplete" on p. 3]

EWM Mammography Findings 7/1/04 - 6/20/05



N=6,967

A Family Physician's Viewpoint on Mammography Results of "Assessment Incomplete"

David Hoelting, MD

Dr. Hoelting is a Family Physician at Pender Mercy Medical Clinic in Pender. He is also a member of the Every Woman Matters Medical Advisory Committee and past president of the Nebraska Academy of Family Physicians.

I view "assessment incomplete" as a potential cause of stress for patients and a potential source of complacency and mistakes for their primary care providers. Universally, this assessment sets off the alarm bells for patients, who often assume the worst: that it is an indication of the presence of cancer. For primary care providers, it is easy to become complacent after 10 such reports come back negative, and not follow-up on them quickly. **The timeline ideally for follow-up is immediate.** Getting these resolved the same day as the screening mammogram is very much appreciated by patients, and prevents patients from falling through the cracks, and not getting follow-up studies. The next best protocol is to schedule follow-ups before leaving the facility, and as soon as possible. Delay in reading the mammograms, and delaying definitive studies increases potential for errors. I feel it is best that follow-ups be scheduled by the radiologist or his or her office—waiting to send the report to the primary care provider and depending on them to make the appointment greatly increases the chance for errors.

Reminder systems for follow-up mammograms and other studies are critical to prevent mistakes. These can be computerized or simple calendar systems may be used. They need to be automatic, not dependent on the provider's memory. At present, we use two radiology facilities. One does follow-ups automatically at the time of the mammogram, and the other automatically sets up follow-ups while simultaneously informing the referring primary care provider of the need for the study, and the date it is scheduled. Studies showing need for surgical follow-up prompt a call to the referring primary care provider and appointments can be made while the patient is still at the clinic. Close coordination leaves little chance for "dropping the ball" with the patient.

In summary, the more smoothly and promptly "assessment incompletes" are resolved, the happier the patients are, and the lower the chances are for mistakes or misdiagnoses.

Reminder Breast Screening & Diagnostic Procedures

Please Note: It is important that the client be informed that the following procedures are **NOT PAYABLE** by Every Woman Matters (EWM):

Clients of any age:

- Galactogram
- Ductogram
- Breast MRI
- CT scan

Clients under 40:

- Screening Mammogram
- Breast Ultrasound

Clients under 30:

- Diagnostic Mammogram

See the 2005 Provider Manual, Billing and Compensation Section, pages 9-9 through 9-12 for covered procedures.

Questions may be directed to the EWM case manager in your region or Central Office Staff at 1-800-532-2227.

30 Minutes Most Days of the Week or 10,000 Steps A Day? Does your recommendation make a difference?

Approximately one-quarter of the U.S. population does not participate in any type of physical activity in their leisure time, a disturbing statistic in light of the prevalence of obesity and obesity-related disease in the U.S. Walking may represent the best hope for reversing this trend of inactivity, as nearly 4 out of 10 Americans walk for exercise. For most walkers, walking is their sole form of leisure activity.

The Centers for Disease Control and Prevention (CDC) recommends at least 30 minutes of moderate-intensity physical activity on most, if not all, days of the week. Previous research has demonstrated that brisk walking can qualify as moderate-intensity activity, and 30 minutes of such walking corresponded with about 10,000 steps.

A study published in the April issue of Medicine and Science in Sports and Exercise highlights the comparison of recommendations focusing on walking 30 minutes per day versus walking 10,000 steps per day. "Women walk more when told to take 10,000 steps per day compared with those instructed to take a brisk 30-minute walk," the study showed.

Study Highlights:

- Study participants were women with a body mass index (BMI) of 40 kg/m^2 or lower and a blood pressure of 160/100 mm Hg or less. All subjects walked 7,000 steps per day or less. Women with cardiovascular, pulmonary, or metabolic disease were excluded from study participation.
- Patients were randomized to a group receiving advice to take a brisk 30-minute walk on most, preferably all, days of the week, or a group receiving advice to walk 10,000 steps per day.
- Both groups received pedometers to be worn during waking hours. The pedometers were checked at weekly intervals during the 4-week intervention. The pedometers were sealed in the cohort receiving advice regarding duration of walking, but were left open to be read by the group receiving advice on the number of steps to take daily. Activity logs were also kept by subjects in both groups.
- The mean BMI of all subjects was 29.6, and the mean age was 45 years old. The baseline number of mean steps per day for the entire group was 5,760. Baseline characteristics between groups were similar.
- The mean number of daily steps was significantly higher in the 10,000 steps group throughout the study period. The average number of daily steps for 4 weeks was 10,159 in the steps group and 8,270 in the 30-minute group.
- Even on days when the goal activity level was not reached, the steps group had a higher average number of steps than the 30-minute group (7,780 vs. 5,597).
- Mean systolic and diastolic blood pressure decreased during the study period in both groups. BMI, percent body fat, and waist: hip circumference remained similar to baseline levels in both advice groups.

Study Pearls for Practice:

- Approximately one-quarter of Americans perform no physical activity in their leisure time, but walking for 30 minutes or 10,000 steps can satisfy recommendations for daily exercise.
- A recommendation to walk 10,000 steps daily, as opposed to 30 minutes on most days or the week, can increase the number of steps taken by patients on both exercise and non-exercise days.

(Continued on Page 5)

10,000 Steps A Day?

(Continued from Page 4)

The Every Woman Matters Program is pleased to link women with educational opportunities to increase their physical activity! Performing cardiovascular and diabetes screenings available through the Program for eligible clients automatically links them with two options to get active! Clients screened are contacted by a program representative and offered a NO-COST community or self-study program that includes information on increasing physical activity, a pedometer, and information for improved nutrition and overall healthier living~ including the 10,000 steps per day recommendation! Help clients live healthier lives by recommending 10,000 steps per day and by completing the cardiovascular and diabetes screenings made available through Every Woman Matters.

For more information about the cardiovascular/diabetes screenings or the educational programming available through the Every Woman Matters Program, please contact our office at 1-800-532-2227.

Source: Medscape: Medical News. April 8, 2005. Study noted above published for continuing medical education through Medscape~ accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Provider Continuing Education Fall Training Moved to Spring 2006

As you may be aware, Every Woman Matters (EWM) holds 12 continuing education programs across the state, every other year, for nurses and medical assistants from clinics offering EWM services. EWM last held the conference in the Fall of 2003.

The planning committee is starting to organize the upcoming continuing education programs. The conferences are going to be offered in the Spring of 2006 instead of the Fall of 2005. Sessions will be held in Norfolk, Omaha, Lincoln, I-80 Holiday Inn (between Grand Island and Hastings), North Platte and Gering.

Keep an eye out for more information!

2005 Nebraska Women's Health Symposium

The 2005 Nebraska Women's Health Symposium was held on May 11th at the Embassy Suites in Lincoln. Attendance exceeded expectations, as nearly 400 women (and a few men) participated in sessions on cross-cultural communication, sleep issues, healthy skin, healing and resiliency, advocating for high quality health care, and multitasking and stress. Many healthcare professionals were awarded continuing education hours.

Governor Dave Heineman opened the event with a Proclamation of National Women's Health Week, May 8-14, 2005. The week is celebrated annually in May, beginning on Mother's Day. Five State Senators also participated in the Symposium, presenting a panel on physical education in schools and proposed Medicaid budget changes.

Mark your calendars for the next Women's Health Symposium on May 19, 2006 in Lincoln.

Nebraska Dialogue for Action 2005

The Nebraska Dialogue for Action was held April 29, 2005 at The Lodge, Wilderness Ridge, in Lincoln with 84 participants from across the state, one-third of whom were health care providers. The purpose of the conference was to discuss and develop strategies to decrease morbidity and mortality rates from colorectal cancer in Nebraska. Currently Nebraska's colorectal cancer incidence and mortality rate are consistently higher than the nation's and the cancer screening rate in Nebraska is one of the lowest of all states.

The group was welcomed by Alan G. Thorson, MD, Colon and Rectal Surgery Specialist, representing Nebraska Dialogue for Action, American Cancer Society, and Douglas/Sarpy County Colon Task Force along with June Ryan, MPA, Coordinator for the Nebraska Comprehensive Cancer Program and Project Director for the Dialogue. Keynote speaker was John H Bond, MD, past president of American Society for Gastrointestinal Endoscopy, a professor of medicine at the University of Minnesota and chief of the Gastroenterology Section at the Minneapolis Veterans Administration Medical Center.

A panel discussion on prevention screening and its significance in Nebraska was then presented. It was moderated by Douglas E. Brouillette, MD, gastroenterologist with Internal Medicine Assoc in Omaha. Participants provided information regarding colorectal cancer in Nebraska, screening legislation, and current approaches to screening in Nebraska. A second panel moderated by Alan G. Thorson, MD, discussed challenges and opportunities for increasing colorectal cancer screening.

Ending the morning's presentations was Donna Hoffman, who offered her comments from the point of view of a colon cancer survivor. In the afternoon, participants had the opportunity to choose one of four concurrent conversations:

- System Based and Other Solutions to Helping Primary Care Practitioners to Increase Screening
- Increasing Consumer Demand for Screening
- A statewide Public Health Approach to Screening
- Promoting Universal Coverage for Screening

The group then reconvened to review the conversations and discuss recommendations, actions and outcomes. Closing remarks and next steps finalized the afternoon's agenda.

Excellent exchange of information and support took place throughout the day. A Post-Dialogue Action Plan is currently being developed, which will include plans for a follow-up conference in 2006.

David Holmqust and Jay Goodman representing American Cancer Society, Heartland Division

Nebraska C.A.R.E.S
Cancer Awareness, Research Education and Service

Alan Thorson, MD, June Ryan and John H. Bond, MD

Charlotte Burke, Lincoln Lancaster County Health Department, Melissa Leypoldt, Every Woman Matters, Douglas E. Brouillette, MD

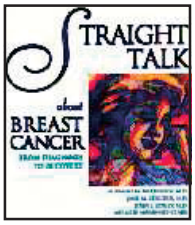
Women and Heart Disease Highlighted at Physician Conference

Marla Tobin, MD presented a session on "Women & Heart Disease" at the Nebraska Academy of Family Physicians state meeting in Omaha in March 2005. Dr. Tobin, a family physician, is Medical Director of Lakewood Family Healthcare, Kansas City, Missouri. and former medical director for the Kansas City network of Aetna U.S. Healthcare. Her credits include writing and speaking on many topics in women's health and family medicine.

Every Woman Matters (EWM) was excited to sponsor Dr. Tobin. She received very good ratings from the session participants when asked whether the information was relevant to their practice and increased their knowledge. Dr. Tobin's presentation was very relevant to EWM as the program makes cardiovascular screenings and lifestyle intevention activities accessible to women most at risk – those ages 40 through 64, the time when a woman's risk of heart disease begins to rise. The majority of the over 550 clinics that participate in EWM are primary care clinics with family physicians.

Marla Tobin, M.D. and David Hoelting, M.D.
Pender Mercy Medical Clinic, Pender, NE

Does Your Clinic Have These Free Books to Give to Women Newly Diagnosed with Breast Cancer?



"I was glad I got this book before I saw the surgeon so I understood more and could ask questions," "After I read the book, I was less scared about going through this experience," "I hope all women receive this book, it was so easy for my family and me to read," is what women tell us about ***Straight Talk About Breast Cancer***. Written by a Nebraska physician after her own treatment for breast cancer, this book is an excellent resource for English-language women that guides them through breast cancer, from diagnosis to recovery.

Guia Para la Mujer Sobre El Diagnostico Y El Tratamiento Del Cancer Del Seno (A Woman's Guide to Breast Cancer Diagnosis and Treatment) is a Spanish-language booklet about breast cancer that can serve as a valuable guide for women newly diagnosed with breast cancer.

It is the goal of Every Woman Matters, along with our partners, the Nebraska Medical Association and CIMRO of Nebraska (medicare quality improvement organization) to make copies of both of these informative resources available **free of charge to all Nebraska women recently diagnosed with breast cancer. Please call CIMRO at 1-800-458-4262 to order copies for your clinic today.**

Education on Abnormal Breast Health & Hypertension at Nurse Practitioners Conference

Every Woman Matters (EWM) sponsored a presentation on abnormal breast health and assisted in the sponsorship of a second presentation on hypertension at the Nebraska Nurse Practitioners Annual Conference in February 2005 in Kearney. Kelly Fields, APRN with Surgical Care, PC in Lincoln gave a comprehensive three-hour workshop on "A Practical Approach to Abnormal Breast Health." Margaret Fitzgerald, APRN, presented "Hypertension Update: JNC 6, ALLHAT, NKF and Beyond." Ms. Fitzgerald is with Greater Lawrence Family Health Center and is adjunct faculty for the Greater Lawrence Family Health Center Family Practice Residency Program, Lawrence, MA. She is a national provider of APRN Board Certification Preparation and ongoing continuing education for nurse practitioners. Both Ms. Fields and Ms. Fitzgerald received excellent ratings from the conference participants.

Kelly Fields, APRN looking at a film with
Ruby Houck, APRN, Bertrand Health Clinic, Bertrand, NE

Margaret Fitzgerald, APRN

Every Woman Matters Sponsors Educational Sessions at P.A. Conference

Every Woman Matters (EWM) was pleased to sponsor the following three sessions at the Nebraska Academy of Physician Assistants state conference in Kearney in April 2005. James Albin, MD, OB/GYN from Women's Health of Northeast NE, Norfolk, spoke on "Cancer Risks in Women," while Matthew Brennan, OB/GYN from Grand Island Clinic, Grand Island, led a "Colposcopy Workshop." "Demonstrating Cultural Responsiveness in Sexual Health" was presented by Suzy Prenger, Director of Diversity & Community Outreach, Planned Parenthood of NE and Council Bluffs. Many physician assistants also visited the EWM exhibit booth for program updates, as well as to learn more about educational resources available for them and their clients.

James Albin, MD

Suzy Prenger

Matthew Brennan, MD

TECHNOLOGY & TRAINING:
Results from EWM's Clinic Nurse Training Survey

In November 2004, the Every Woman Matters (EWM) program conducted a survey of the nurses who work at its affiliated clinics, to evaluate their experiences with and attitudes toward the use of technology for professional continuing education and training about EWM policies and procedures. Surveys were mailed to the 421 clinic nurses who attended EWM's provider training sessions that were held during the fall of 2003, and to program contacts at 555 provider clinics, including satellite facilities that participate in EWM. 469 surveys were completed and returned.

Who Participated in the Survey?

Of the 469 survey respondents, 209 were licensed practical nurses and 172 were registered nurses. Certified medical assistants accounted for another 87 responses, while three people declined to note their occupation. Personnel who work at clinics in rural areas predominated, with 313 responses; while clinical staff at Douglas, Sarpy, and Lancaster County facilities combined for 117 responses. 39 survey respondents did not list the county where their clinic was located.

What Did the Survey Find Concerning Continuing Education?

Survey participants were asked which of four electronic options (independent study via the Internet, independent study using a CD-ROM, on-line web conference, satellite video conference) they had ever utilized to obtain continuing education. Nearly two-thirds (296) had done so using one or more of these formats, with independent study via the Internet being the most popular choice, with 112 responses.

As shown in Figure 1, survey respondents indicated that independent study via the Internet was the electronic format that they most preferred for continuing education. Excluding those who preferred the one non-electronic option mentioned on the survey (independent study using paper materials), 114 ranked Internet-based independent study as their first choice and another 78 ranked it as their second choice. Four people also listed it as their first or second choice in a tie with one or more of the other formats.

Figure 1. First and Second Choices for Electronic Continuing Education Options

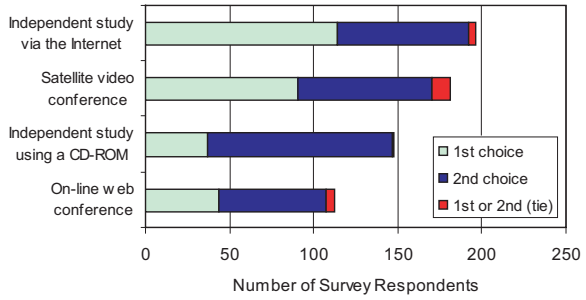
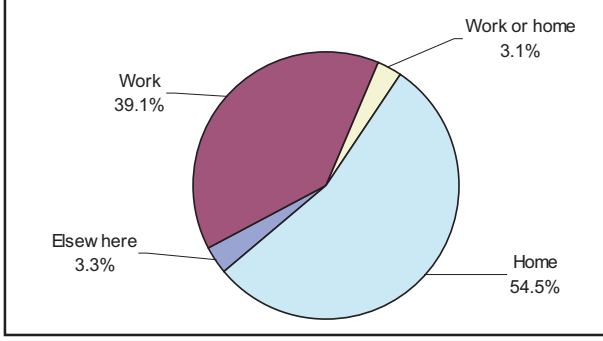


Figure 2 shows that home was more likely than work to be the place where people would access continuing education made available on the Internet or using a CD-ROM, by a margin of 54.5% (247 out of 453 responses) to 39.1% (177/453). When asked about the amount of time that they would be willing to spend on one independent study for continuing education on the Internet or using a CD-ROM (assuming that the study course could be completed over a period of time), 224 out of 398 (56.3%) survey respondents said 1-2 hours, while an additional 117 (29.4%) said 3-4 hours.

Figure 2. Most Likely Place to Access Continuing Education (if available via Internet or CD-ROM)



However, a substantial number of survey respondents either would not or could not use the Internet or CD-ROMs for continuing education. The most common reason, mentioned by 84 people, was that they did not like to use a computer or the Internet. Nearly as many (78) said that their clinic would not allow their computer(s) to be used for continuing education. Another 58 said that they did not have access to a computer or the Internet.

(Continued on Page 10)

Training Survey *(continued from Page 9)*

When asked about how much they would pay for continuing education credits offered through EWM (regardless of the educational format), the average value given was $12.27 per credit hour. Of the 321 people who responded to this question, 213 (66.4%) gave a value of $10 or less per credit hour, while 68 (21.2%) gave a value greater than $10. However, 32 people (10.0%) specifically stated that they would not be willing to pay anything at all.

What Did the Survey Find Concerning Training About EWM?

Survey participants were also asked several questions about their preferences for training regarding EWM policies, procedures, and paperwork. For Internet-based training or training provided on a CD-ROM, work was slightly more likely than home to be the place where people would access it (by a margin of 201 [44.9%] to 175 [39.1%], out of 448 responses). An equal preference for work or home was given by 53 (11.8%) people, while other points of access (such as a public library or a computer owned by a friend or relative) were mentioned by the remaining 19 (4.2%). More than 80% of those who had access to a computer at work (207/254) would use it for training about EWM, and a majority of those (111/207, 53.6%) estimated that they would have between 30 and 60 minutes at a time to do so. Of those who would not participate at work in training about EWM using either the Internet or a CD-ROM, not having the time at work to do so was by far the most common reason given.

How Will EWM Make Use of the Survey Findings?

In increasing numbers, nurses and other health professionals are being exposed to new technologies to meet their educational needs, and are becoming comfortable with such alternatives to traditional teaching methods. Clearly, the Internet leads the pack as the technology with the most widespread availability, acceptability, and utilization as an educational medium. The Internet also lends itself well to independent study, and this has particular relevance to Nebraska nurses today, in light of the recent regulatory change that eliminated the limit on the number of home/self-study hours of instruction that may be applied to the continuing education requirement for license renewal. With this in mind, EWM has developed a video available on the Internet for free continuing education credit (See *Free CEUs for Clinic Staff* on page 12). For those who prefer to learn through live, in-person instruction, EWM will continue to provide professional education in this manner, with its next round of continuing education workshops across Nebraska scheduled for spring 2006 (See *Provider Continuing Education Fall Training Moved to Spring* on page 5).

Quality Control Was Focus of Mammography Symposium

Mammography Technologists from several facilities in the state attended the annual mammography educational symposium at the Nebraska Society of Radiololgic Technologists (NSRT) annual state conference held in Kearney in April 2005. Every Woman Matters (EWM) sponsored Kathy Degelder, B.S, who offered 7 hours of continuing education on "Processor Quality Control and Troubleshooting." Ms. Degelder is the President of Achieving Quality Imaging in Rockford, MI, and travels across the country offering educational programs. The vast majority of the technologists that attended provide mammography services for EWM.

Kathy Degelder, BS

New Booklet Designed to Improve Communication with Patients of Different Cultures

A new pocket guide describes cultural mores of various groups, including African Americans, Hispanics/Latinos, Native Americans, Asian Americans and Native Hawaiians/Pacific Islanders. It is an attempt to strike a balance between understanding and delivering culturally sensitive care, while not stimulating stereotypical thinking.

The booklet, *"Cultural Competence in Cancer Care: A Health Care Professional's Passport,"* allows the health care professional to begin a journey where he/she can increase his/her awareness, knowledge, attitudes and skills in providing culturally and linguistically competent cancer care. The guide can help the health care provider examine his/her beliefs, values, and stereotypes regarding his/her interactions. The pocket guide includes the history and culture of the groups, their perceptions, beliefs and reactions to cancer, its prevention, cause and treatment. It explores how the health care professional can make the patient feel appreciated and respected through the use of verbal and nonverbal communication.

For the patient, culture influences how the patient experiences an illness, how they feel about treatment, how they respond to treatment, and when, where and how they seek treatment. Not understanding a patient's culture can contribute to health disparities, including later cancer diagnosis of racial/ethnic minorities and shorter survival rates compared to non-minorities.

The guide has been made available through the Office of Minority Health of the Health Resources and Services Administration. It can be ordered at $4 per copy, by contacting the Intercultural Cancer Council, Baylor College of Medicine, at 713-798-4617 or http://iccnetwork.org.

Cultural Competence In Cancer Care

CA: A Cancer Journal for Clinicians

CA, A Cancer Journal for Clinicians, an excellent resource for clinicians and other health care professionals, is published six times a year and printed for the American Cancer Society. Articles are peer reviewed and indexed in MEDLINE. Approximately 100,000 issues are in circulation. Article topics from recent issues include ACS Guidelines for Early Detection of Cancer, 2005; Approaching Difficult Communication Tasks; Testing Online Smoking Cessation Programs; and Does Fruit & Vegetable Intake Protect against Cancer? The May-June issue included Patient Pages on Hormonal Therapy for Breast Cancer. These pages may be photocopied for distribution to clients.

Also included in each issue is the opportunity to complete the CME Quiz and Evaluation. The American Cancer Society, Inc is accredited by the American Academy of Family Physicians, (ACCME) to provide continuing medical education for physicians. There is no fee for participating in the CME Quiz & Evaluation. To obtain credit for the CME activities, answers must be submitted online. After successfully completing the quiz, a CME certificate is immediately available, along with an online record of completed courses.

Free subscriptions to CA: A Cancer Journal for Clinicians are available to physicians and other health care professionals. To receive the bimonthly publication in the postal mail, email journals@cancer.org.

Articles are also available online at http://CAonline.AmCancerSoc.org.

Free CEUs Online for Clinic & Mammography Facility Staff

Were you among the 500 clinic staff that gave Valda Boyd Ford, MPH, MS, RN, very high marks on her presentation "Meeting the Needs of Women in Your Clinic and Community" in October & November 2003 at one of the 13 Every Woman Matters (EWM) provider continuing education trainings?

Now you and your colleagues can watch and listen to Ms. Ford's presentation "Providing Effective Healthcare for a Diverse Population" available via the Internet on the UNMC Olson Center for Women's Health web site video library. Ms. Ford, an internationally acclaimed speaker, is the Director of Community and Multicultural Affairs for UNMC & the Nebraska Medical Center and Director of the Center for Human Diversity in Omaha.

Ms. Ford emphasizes during her presentation that providers must recognize the importance of being qualified to care for the elderly, minorities, new immigrants, refugees, the poor, people with varying levels of cognitive and physical abilities and people with different religions and faiths.

What clinic nurses and mammography technologists have told us after viewing the video:

- "Valda's knowledge of cultures was incredible. Very interesting."
- "Excellent information – Very convenient."
- "A great service for us outer Nebraskans!"
- "I wish I would have watched the video before my interaction with a woman from another country at our facility. I will do things different next time."

This video session can be viewed by anyone at www.unmc.edu/olson (click on the "Every Woman Matters" link under On-Line Nursing Credit). **1.5 nursing contact hours are available at no cost** to nurses from clinics that participate in EWM. Mammography technologists and breast ultrasound technologists from facilities that offer EWM services may also receive 1.5 free nursing contact hours. EWM is responsible for payment to the Olson Center for these staff members. A registration form and evaluation following the lecture must be completed to apply for continuing education through the UNMC College of Nursing Continuing Education Program. Radiologic Technologists may use this presentation for Category B credit.

OLSON CENTER
FOR WOMEN'S HEALTH
at UNMC
www.unmc.edu/olson

To view the video "Providing Effective Healthcare for a Diverse Population," the Real One media player is required. This software is free and may be downloaded from the Internet. The Olson Center Video Library page provides a link to the site. Any questions or assistance with downloading the software or the video may be obtained by calling the Olson Center at (800)775-2855. **The best viewing is through DSL and high speed (e.g. cable modem, broad band) Internet connection**.

CancerCare Resource

Cancer*Care* is a national non-profit organization that provides free professional support services to anyone affected by cancer. This includes people with cancer, their caregivers, children, loved ones, and the bereaved. Cancer*Care* programs – including counseling, education, financial assistance and practical help – are provided by trained oncology social workers and are completely free of charge.

In addition to client services, Cancer*Care* also offers technical assistance to community and health care professionals to assist them in developing and implementing support programs for cancer patients, their families, and their caregivers. As a part of their program offerings, a list of helpful websites, fact sheets, lists of professional papers written by Cancer*Care* staff, and a listing of current online courses and forums for professionals are available.

Cancer*Care*'s Telephone Education Workshops and programs focus on the nuts and bolts of practice. The workshops include a theoretical framework, literature reviews, specific intervention techniques, clinical vignettes, and participant discussion. People with cancer, their families and caregivers and health care professionals may participate in the telephone education workshops. The telephone education workshops are one-hour conference calls where you can hear the latest information about cancer and cancer-related topics from leading experts from across the country without leaving your worksite or home. Participation in the workshops are free and no phone charges apply.

When you register for the workshop, you will receive a packet of information and instructions. The conference call workshops are offered several times a month and are normally scheduled from 1:30-2:30 p.m. EST. For a listing of available workshops please log on to: **www.cancercare.org.** Log on or simply call Cancer*Care* at 1-800-813-HOPE (4673) or 212-302-2400 to register at least two weeks before the workshop of choice or to access other services provided by Cancer*Care*.

Breast Cancer Review: An Interactive Educational Opportunity

The California Department of Health, Cancer Detection Section has launched a breast cancer review online at: http://qap.sdsu.edu/education/breastcancerreview

The interactive activity's target audience is physicians, physician assistants, nurse practitioners and nurses. It is divided into six sessions and each session can be completed independently from the other sessions.

- Breast Cancer in US, Anatomy & Pathology, Risk Factors
- Breast Cancer Detection, Final Diagnosis, Staging
- Breast Cancer Treatment by Stage
- Breast Cancer Surgery and Breast Reconstruction
- Breast Cancer Treatment Modalities (excluding surgery)
- Breast Cancer Clinical Trials, Support and Follow-Up, Complementary Therapies

Up to 10 Continuing Medical Education (CMEs) hours are available through December 31, 2005. There is a $15 fee per CME for providers outside of California. **Nurses and other healthcare professionals (e.g. mammography technologists) may also apply for CMEs. The content can also be accessed without requesting CMEs.** This is an excellent resource for healthcare professionals as a general reference for breast cancer screening, diagnosis, and management of related issues, even if CME credit is not the goal.

The Nebraska Health and Human Services System (NHHSS) is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.

Funds for this project were provided through the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program Cooperative Agreement and the Well Integrated Screening and Evaluation for Women Across the Nation Cooperative Agreement with the Nebraska Department of Health and Human Services. #U57/CCU706734-06 and #U57/CCU7191-66.

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Resources

Patient Advocate Foundation

Newport News, VA
(800)532-5274
info@patientadvocate.org

Specializes in mediation, negotiation and education, on behalf of patients experiencing the following issues:

- Preauthorization
- Access to Pharmaceutical Agents
- Access to Chemotherapy
- Access to Medical Devices
- Access to Surgical Procedures
- Expedited applications for Social Security Disability, Medicare, Medicaid, SCHIPS, and other social programs
- Debt Crisis
- Plus many other services

Provides professional case managers who negotiate with patients' insurers to resolve coverage or benefit issues, patient employers to mediate job discrimination issues and patient creditors to facilitate resolution of debt crisis matters. They utilize the AT&T Language Line that enables case managers to assist patients in 140 languages.

20-29-00

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